

Pre-Operative Occupational Therapy Questionnaire

Your response to this survey will help our occupational therapists understand how we could improve our Occupational Therapy Breast Cancer Recovery Program. Please be honest. Your feedback is very important to us in assessing our services and helping us make changes. Thank you for taking the time to complete this survey!

Tell us about your experience with our services before your surgery.

After my occupational therapy session, I felt confident that ...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. I could follow the exercises presented to me.	1	2	3	4	5	
2. I could follow the precautions I needed to take after surgery	1	2	3	4	5	
3. I knew how to care for myself to prevent lymphedema	1	2	3	4	5	N/A
4. I knew what to expect after my surgery	1	2	3	4	5	
5. I knew what I had to do after the surgery to help my recovery	1	2	3	4	5	

After my occupational therapy session, I felt that...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. The information presented was easy to understand	1	2	3	4	5
7. The written material provided helped me follow my precautions and exercises	1	2	3	4	5

How satisfied are you with...	Very Unsatisfied	Somewhat Unsatisfied	Satisfied	Very Satisfied
8. The overall service you received during your occupational therapy session	1	2	3	4
9. How clearly your questions were answered	1	2	3	4

10. Overall, what are your feelings about the amount of information provided during the occupational therapy session?

☐ It was not enough ☐ It was the right amount ☐ It was too much/ overwhelming

11. How did the OT session, if at all, affect your anxiety regarding your recovery after surgery?

☐ Significantly reduced my anxiety
☐ Reduced my anxiety a little
☐ Increased my anxiety a little
☐ Significantly increased my anxiety
☐ Had no impact on my anxiety level
☐ N/A, I was not anxious

To what extent are you....	All the time	Most of the time	Some of the time	A little	Never
Doing the exercises	1	2	3	4	5
Following your precautions/limitations	1	2	3	4	5

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In general, would you say your health is....	Excellent 1	Very Good 2	Good 3	Fair 4	Poor 5
To what extent are these symptoms a problem for you?	Not a problem	Slightly	Moderately	Quite a bit	Severe
1. Physical strength	0	1	2	3	4
2. Fatigue	0	1	2	3	4
3. Pain	0	1	2	3	4
4. Anxiety	0	1	2	3	4
5. Depression	0	1	2	3	4

What did you like/dislike about your session with the Occupational Therapist prior to your surgery?

Do you have any recommendations that would help us improve our Occupational Therapy Breast Cancer Recovery Program? If so, please explain.

Thank you for your participation!